

**Thomas Jefferson National
Accelerator Facility**
Medical Services
12000 Jefferson Avenue, MS 28C
Newport News, VA 23606
Phone: 757-269-7359 Fax: 757-269-7881



**Physician's Written Recommendation Regarding
RESPIRATOR MEDICAL SURVEILLANCE**

_____	_____
Employee name	SSN

Employer	TJNAF Supervisor

1. There ____ are / ____ are not any limitations on respirator use relating to the medical condition of this employee, or relating to the workplace conditions in which the respirator will be used.
2. This employee ____ is / ____ is not medically able to use respirators without restrictions.
3. If restrictions on respirator use are needed they are as follows: _____

4. This employee ____ does / ____ does not need follow-up medical evaluation. (This statement is based upon currently available information. If medical, physical , psychological or workplace conditions change, it is the employer and employee's responsibility to seek follow-up evaluation.) Routine: _____ Yes _____ No
Non-Routine: _____

5. This employee ____ has / ____ has not been provided with a copy of this recommendation. (Mailed _____)
6. Comments: _____

Physician's name (print)

Physician's signature/Date

